

(REFERENCE COPY - Not for submission) Full Power FM Engineering STA Application

File Number: BSTA-20090213DAT Submit Date: 02/13/2009 Lead Call Sign: KXBA Facility ID: 86717

FRN: 0009671322

Waivers

Service: Full Power FM Purpose: Engineering STA Status: Dismissed Status Date: 06/30/2017 Filing Status: Inactive

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	

Applicant Information

Applicant Name, Type, and Contact Information

(s)?

Applicant	Address	Phone	Email	Applicant Type
PENINSULA COMMUNICATIONS INC Applicant Doing Business As: PENINSULA COMMUNICATIONS INC	PO BOX 109 HOMER, AK 99603 United States	+1 (907) 235- 6000	KWAVEFM@XYZ. NET	ОТН

Does this filing request a waiver of the Commission's rule

Total number of rule sections involved in this waiver request:

Contact Representatives (2)

STA Purpose

Contact Name	Address	Phone	Email	Contact Type
JEFFREY D SOUTHMAYD ATTORNEY	4 OCEAN RIDGE BOULEVARD SOUTH PALM COAST, FL 32137 United States	+1 (386) 445- 9156	JDSOUTHMAYD@MSN. COM	Technical Representative
JEFFREY D. SOUTHMAYD SOUTHMAYD & MILLER	1220 19TH STREET N.W. SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 331- 4100	JDSOUTHMAYD@MSN. COM	Legal Representative

Section	Question	Response
STA Purpose	This Special Temporary Authority is requested for use of:	Licensed Antenna System with: Reduced Power

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503). 	
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	DAVID BECKER

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1296160_730407.txt</u>	Applicant	All Purpose	CIRCUMSTANCES	Done with Virus Scan and/or Conversion